EXAMPLES OF EXPERIENCES IN OTHER STATES

<u>Assessment by New York State DOH after one year of pilot program.</u> Reasons why NY chose to use NHSN versus their nedss based system, NYS Hospital Acquired Infections Reporting System (Rachel Stricof, Program Director):

- 10% NYS hospitals were already participating in NHSN.
- Hospitals in same network would have been unable to share data through their NEDSS based system.
- NHSN is usable by both hospital and health department (in real-time and therefore the data is actionable by hospital).
- Quick calculation of rates and comparison with national data.
- HAI uses complex case definition and NHSN provides good support for interpreting what and how to report.
- NHSN easily creates automated reports.
- Hospitals have to grant access to state however NHSN establishes "group functionality" so states can view all reporting hospital's data (every year hospitals grant access to mandated data variables).
- NYS hired regional auditor staff (35 40 hospitals per epidemiologist).

<u>New York State PROGRAM PERSONNEL</u> (NY State Population Estimate=19M; ~NCx2) Central Office:

- Program Director Rachel L. Stricof, MT, MPH., CIC
- Program Manager Carole Van Antwerpen, RN, BSN, CIC 9/7/06 present
- Program Operations Manager Cindi (Coluccio) Dubner, BS 7/13/06 present
- Data Manager Karolina Schabses, MPH 8/1/06 8/24/07
- Data Analyst Boldtsetseg Tserenpuntsag, DrPh 11/2/06 present
- Administrative Assistant Patricia Lewis, AAS 9/16/06 present

Regional Staff:

- Western Region Peggy Hazamy, RN, BSN, CIC 2/8/07 present
- Central Region Diana Doughty, RN, MBA, CIC, CPHQ 2/8/07 present
- Capital Region covered by Program Manager, Carole Van Antwerpen, RN, BSN, CIC
- New Rochelle Region Betsy Todd, RN, MPH, CIC 3/8/07 5/16/08
- Long Island Region Marie Tsivitis, MPH, CIC 3/8/07 present
- New York City Region Kathleen Gase, MPH, CIC 10/1/07 present

Students from the School of Public Health:

- Kamal Siag, MD 5/17/07 8/24/07
- Edgar Manukyan, MD 8/20/07 to 5/07
- Andrea Fischer, MPH 1/3/08 to Present

TOTAL: ~10 FTEs (5 central, 5 regional)+ students

Central Line Associated Blood Stream Infection Rates observed in NYS: ICU-specific rates varied from 2.0 infections per 1,000 central line days in cardiothoracic patients to 4.0 infections per 1,000 central line days in pediatric ICU patients.

*(Adapted from NC DPH - DRAFT 12/16/2008)